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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
 Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 1, 2004
 Printed: Jeanne G. Labra

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Application of: Schebye et al.

Title: CDNAS EXPRESSED IN ADIPOCYTE DIFFERENTIATION

Serial No.: 09/918,624 Filing Date: July 30, 2001

Examiner: Chakrabarti, A. Group Art Unit: 1634

Mail Stop: Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Office Action (33 pp.); and
3. Eleven (11) Reference Attachments including the Declaration of John C. Rockett with Exhibits A-Q, Tod Bedillion, and Vishwanath Iyer with Exhibits A-E.

The fee has been calculated as follows:

| Claims | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate | Fee | Additional Fee(s) |
|--|------------------------|---|----------------------------|---|---------------|------------------------------|-----|-------------------|
| Total | 19 | - | 20 | = | 0 | x\$18.00 | \$ | 0 |
| Indep. | 3 | - | 3 | = | 0 | x\$86.00 | \$ | 0 |
| First Presentation of Multiple Dependent Claims: | | | | | +290.00 | | \$ | 0 |
| | | | | | Total Fee: | \$ | | 0 |

 No additional Fee is required. Please charge Deposit Account No. **09-0108** in the amount of : \$ _____

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE CORPORATION

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